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PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Notes Legibly mark-up with any corrections or use Block 1)

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(Depositor's name)	Linda L. Paine
(Signature)	Luil J. Vaine
(Dule)	June 10, 2004

APPLICATION NO.		FILING DATE	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFI	RMATION NO).
-	09/692,762	10/1972000	Donna Galvin	 · - .	281241-00001-2		2036	

TITLE OF INVENTION: AUTOMATIC DOOR LATCH

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APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665		\$0	\$665	06/18/2004
EXAM	INER	ART UN	IT	CLASS-SUBCLASS]	
WALSH, JOHN B		3676		292-163000	_	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. XMMFee Address* indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			names o agents O firm (hav agent) an	inting on the patent front page f up to 3 registered patent in R, alternatively, (2) the name ving as a member a registered at the names of up to 2 registered of the names is listerinted.	of a single Pietra attorney or	3. Towner, Esq agallo, Bosick
3. ASSIGNEE NAME AND PLEASE NOTE: Unless been previously submitted (A) NAME OF ASSIGNE	an assignce is identified be I to the USPTO or is being	elow, no assignce d submitted under se	ara will app	IT (print or type) car on the patent, Inclusion of a Completion of this form is NO ICE; (CITY and STATE OR CO	assignee data is only appropr T a substitute for filing an as DUNTRY)	iate when an assignment ha signment.

Please check the appropriate assignee cate	gory or cate	gories (will no	ot be printed on the patent);	☐ individual	Corporation or other private group entity	□ governmen
4a. The following fee(s) are enclosed:			4b, Payment of Fee(s):			
XMXssuc Fee			O A check in the amo	unt of the fee(s)	is enclosed.	
☐ Publication Fee	•	-	Payment by credit of	ard. Form PTO-	2038 is attached.	
☐ Advance Order - # of Copies			XXX he Director is he Deposit Account Num	reby authorized ber 50085	by charge the required fee(s), or credit any (enclose an extra copy of this	overpayment, to form).
Director for Patents is requested to apply t	he Issue Fe	and Publicati			oaid issue fee to the application identified abo	

	<i></i>		
(Authorized Signature)		(Date)	
(Alan X	willed	June 10,	2004
NOTE; The Issue Fee and Publi	cation Fee (if required)	will not be accept or the assigned	ted from anyone

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Signature

Date

June 10, 2004

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Linda L. Paine

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FEE TRANSMITTAL for FY 2004

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Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 665.00

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Çc	omplete if Known
Application Number	09/692,762
Filing Date	10/19/2000
First Named Inventor	Galvin, Donna
Examiner Name	Walsh, John B.
Art Unit	3676
Attorney Docket No.	281241-00001-2

Date

June 10,

2004

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)	
Check Credit card Money Other None	3. ADDITIONAL FEES	
	Large Entity Small Entity	
X Deposit Account: Deposit ECOPEO	Fee Fee Fee Fee Fee Description Code (\$) Fee Pai	d
Account Number 500859	1051 130 2051 65 Surcharge - late filing fee or path	
Deposit Account Pietragallo, Bosick &	1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet	\exists
Name The Director is authorized to: (check all that apply)	1053 130 1053 130 Non-English specification	
X Charge fee(s) indicated below X Credit any overpayments	1812 2,520 1812 2,520 For filing a request for ex parte reexamination	
Charge any additional fee(s) or any underpayment of fee(s)	1804 920" 1804 920" Requesting publication of SIR prior to Examiner action	_
Charge fee(s) indicated below, except for the filing fee	1805 1,840 1805 1,840 Requesting publication of SIR after	
to the above-identified deposit account.	Examiner action	ヿ
FEE CALCULATION	1251 110 2251 55 Extension for reply within first month	ヿ
1. BASIC FILING FEE	1	٦!
Large Entity Small Entity For Fee Fee Fee Pea Description Fee Paid	1253 950 2253 475 Extension for reply within third month	
Fee Fee Fee Fee Pee Description Fee Paid Code (\$) Code (\$)	1254 1,480 2254 740 Extension for reply within fourth month	-1
1001 770 2001 385 Utility filing fee	1255 2,010 2255 1,005 Extension for reply within fifth month	
1002 340 2002 170 Design filing fee	1401 330 2401 165 Notice of Appeal	-
1003 530 2003 265 Plent filing fee	1402 330 2402 165 Filling a brief in support of an appeal	_{-
1004 770 2004 385 Reissue filing fee	1403 290 2403 145 Request for oral hearing	_
1005 160 2005 80 Provisional filing fee	1451 1,510 1451 1,510 Petition to institute a public use proceeding	
SUBTOTAL (1) (\$) -0-	1452 110 2452 55 Polition to revive - unavoldable	
308101AL (1) (3) 40-	- 1453 1,330 2453 665 Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501 1,330 2501 665 Utility issue fee (or reissue) 665	
Extra Claims below Fee Paid		
Total Claims20** = X F	1503 640 2503 320 Plant Issue fee	
Independent 3 = X =	1460 130 1460 130 Petitions to the Commissioner	
Multiple Dependent	1807 50 1807 50 Processing (ee under 37 CFR 1.17(q)	7
Large Entity : Small Entity	1806 180 1808 180 Submission of Information Disclosure Stmt	\Box
Fee Fee Fee Fee Fee Description Code (\$)	8021 40 6021 40 Recording each patent assignment per property (times number of properties)	٦
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))	٦
1203 290 2203 145 Mulliple dependent claim, if not paid	1810 770 2810 385 For each additional invention to be	\exists
1204 85 2204 43 ** Reissue independent claims	examined (37 CFR 1.129(b))	\dashv
over original patent	1801 770 2801 385 Request for Continued Examination (RCE)	_
1205 18 2205 9 [→] Relssue daims in excess of 20 and over original patent	1802 900 1802 900 Request for expedited examination of a design application	_
\$UBTOTAL (2) (\$) -O-	Other fee (specify)	4
*or number previously paid, if greater, For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 665	
SUBMITTED BY	(Complete (# applicable))	=
	Pagisterion No.	
Name (Print/Type) Alan G. Towner, Esq.	(Aromov/Accept) 32,949 Telephone 412–263–4340	

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